

# COMP CREW COSTUME CONTRACT

2019-2020

**PLEASE SELECT SIZE AND RETURN BY DUE DATE LISTED**

Due Date: \_\_\_\_\_

Dancer Name: \_\_\_\_\_

Crew: \_\_\_\_\_ Instructor: \_\_\_\_\_

Dance Name: \_\_\_\_\_

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## Dancer's Measurements – See Size Charts on Back to Select Size:

Bust: \_\_\_\_\_

Waist: \_\_\_\_\_

Hips: \_\_\_\_\_

Girth: \_\_\_\_\_

Recommended Size: \_\_\_\_\_

Selected Size: \_\_\_\_\_

Costume Name: \_\_\_\_\_

Style #: \_\_\_\_\_

Costume Company: \_\_\_\_\_

Cost: \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

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## *Office Use Only:*

Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Payment Method: \_\_\_\_\_

